Medical Missionary

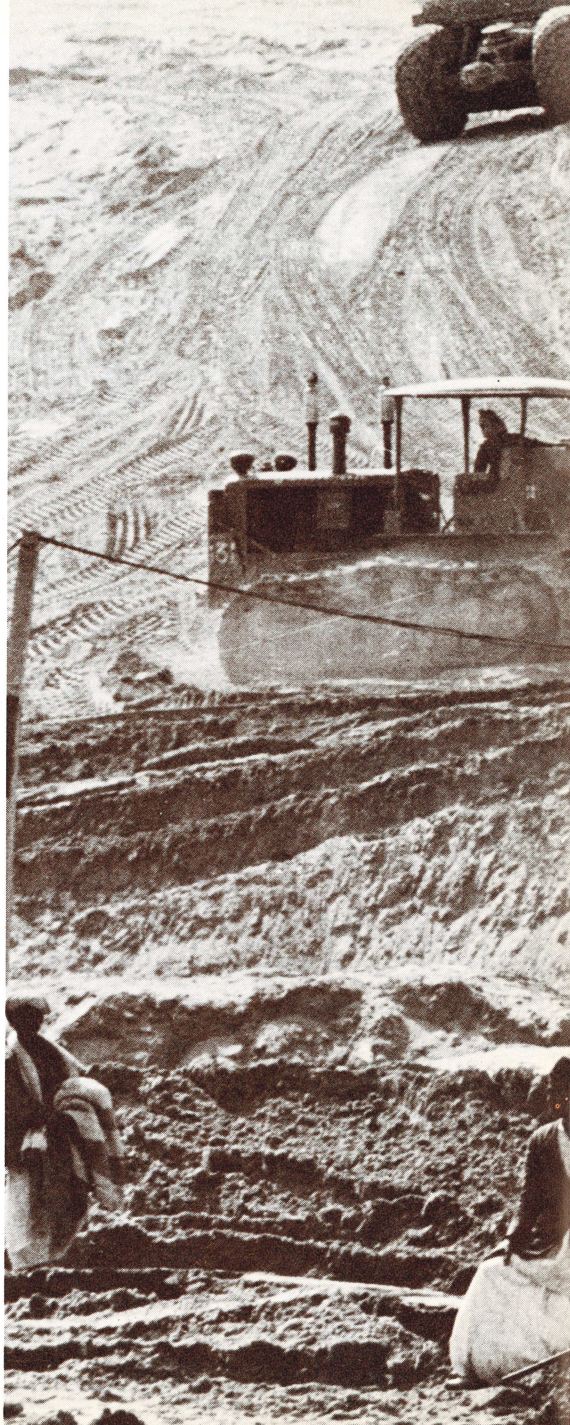
Fall 1970

To be a pioneer means to take a risk.

Back in the U.S. on furlough, this group of Medical Mission Sisters has much to share of their varied experiences around the world.

It means venturing into unknown territories within yourself, with others. It means making yourself vulnerable, accepting the possibility of failure, of being overwhelmed by needs and demands that may never be met in your lifetime. Most of all, it means pilgrimage--a going out, a going toward, a saying YES to a life of uprootedness and unexpectedness.

From the very beginning, Medical Mission Sisters have known the pioneer experience. It is our charism. Constantly, we work and pray for the faith, courage, determination, wholehearted love, and sense of humor that are requisite for our service to the sick and the poor. We have had to change, to break fresh ground, to discover new ways of meeting ancient needs. And when we have found ourselves on top of a situation, or almost so, we have been called to move on, leaving the fulfillment and permanence of the good work to others.



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We would like you to meet some of the experienced members of the community, Sisters who have spent a good many years in developing countries and who have watched the countries, the Society, and themselves grow. Each of these Sisters spent six months here in the United States this year for physical, professional, and spiritual renewal. We caught them between seminars, refresher courses, and home visits and asked them to discuss with us their experiences as Medical Mission Sisters in the field. They told us some pretty exciting things.

What is it like to open up a hospital in the middle of a large, foreign city and 36 years later to help organize a cooperative ecumenical association of the hospitals that have sprung up since the first one? What are some of the ramifications of belonging to an international community, in which each nationality has maintained a certain creative independence? Why does a woman want to pioneer at all, leaving behind her own country and its needs to go where she is in the minority that is possibly not well accepted? What motivates

Street scenes in Solo, Indonesia.

someone to continue the day-to-day routine of medical service in a developing country when the idealism and glamour of the first days wears off? What does a pioneer of established institutions think of the recent criticism of the effectiveness of such large endeavors today? The Sisters speak candidly. The end result is a glimpse of the road travelled between 1925 and 1970 in the Society of Catholic Medical Missionaries. . . steps well taken and some not so well taken. But one can perceive the pioneer spirit at every point, giving the movement continuity and creativity.

PIONEER beginnings

For Sister Margaret Mary van Agtmael, a nurse-midwife from Michigan, pioneering is a way of life that began when she went to Rawalpindi, India (now West Pakistan) in 1931. She wrote back: "Had we more missionaries, we could take care of more patients here, and we could carry on village and prenatal work and open some much-needed hospitals in other districts. . ."

Thirty-six years later, Sister Margaret Mary's longing for co-workers had become reality enough to necessitate coordination of the various missionary endeavors that had blossomed in Pakistan during those years. In 1967, a committee of delegates from the Catholic hospitals met with the Executive Committee of the West Pakistan Christian Medical Association to take the first concrete steps towards the affiliation of Catholic and Protestant medical services. In July, 1968, Sister Margaret Mary was chosen to make a personal survey of each medical unit in the country. This project was in every sense a pioneer effort because it was the first attempt at formally allying the various Christian denominations working in the country.

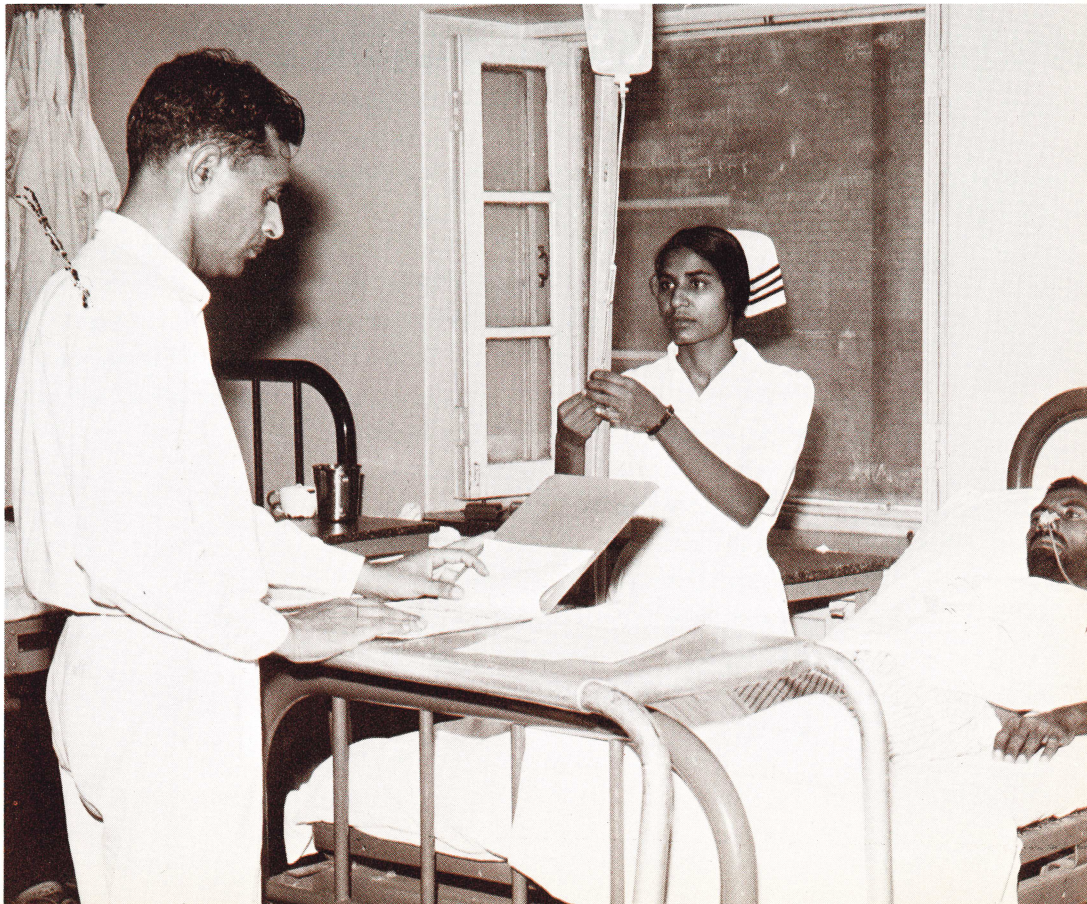
"On October 7,1968, I left by train for Gujrat, near Lahore, and by making circles within circles, managed to visit Lahore, Multan, Quetta, Karachi, Hyderbad, Lyallpur. I saw over 38 units and travelled 4,500 miles by just about every transport except a camel!

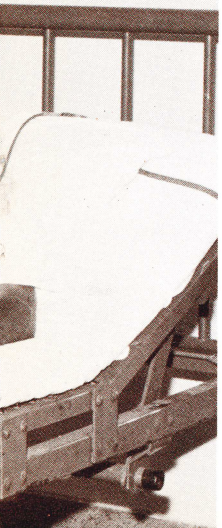
"I saw how dedicated men and women of many different denominations lived--how they prayed in thier homes, chapels and wards. Their simplicity and receptivity were so evident to me! I made the rounds in each hospital and the warm greetings of the staff and patients gave me the spirit that prevailed. We discussed, compared, planned. I was greatly impressed by the simplicity and the frugality in the daily lives of these people, all giving witness to Christ in their overwhelming charity and service."

Young Pakistani women in the classroom. . . . .

The survey reports were presented to the members of the Christian Medical Association (CMA) and the Catholic Hospital Association (CHA) in December, 1968. Suggestions for further studies were made and it was decided that the two groups would work as one. At the Pakistani Bishops' Conference in Lahore, a substantial sum was voted to defray expenses of the project. Reports from the second stage of research and cooperation were just coming

. . . . in the hospital ward, eager and keen to learn their professional skills.





At the entrance of Holy Family Hospital, Rawalpindi, Pakistan, a graduate nurse says good-bye to a young patient.

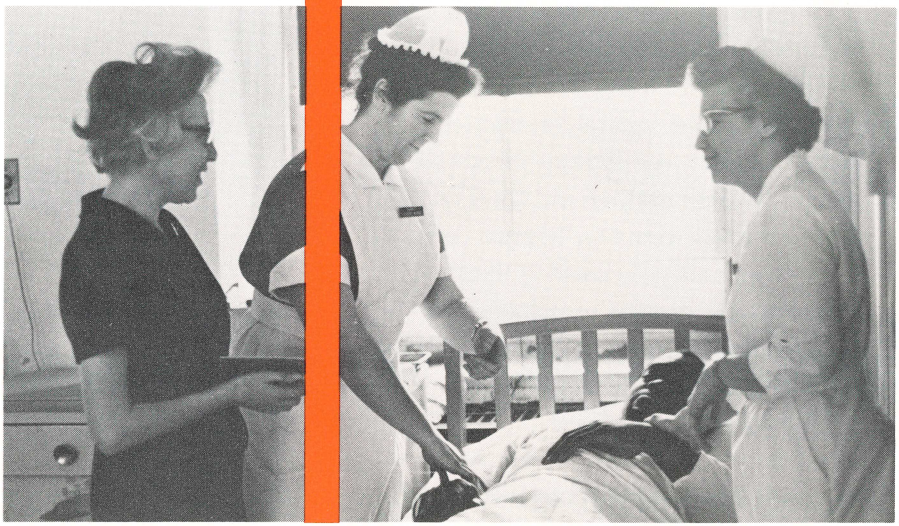
back when Sister Margaret Mary left for furlough in Philadelphia in October, 1969.

Of course, the fruits of such an effort toward unity have been considerable. As of March, 1970, there is one West Pakistan Christian Medical Association with one constitution allowing for amendments from both the CHA and CMA. A medical diocesan board has been set up in every diocese and will consist of three medical people to act as consultants and coordinators for the diocese and surrounding areas.

"The biggest thing, though," says Sister Margaret Mary, "is that we are finally getting together and sharing what we have, professionally and socially. Each group is responding more and more to the needs of the other. We are sharing workshops now as well as personnel, equipment and diagnostic facilities. In 1969 alone, we were able to place ten of our laboratory technicians in other institutions and set up two additional labs. Everyone agrees that more, better, and less expensive medical care can be given if people are trained to do preventive work and if there is mutual cooperation between the various religious denominations." From one isolated effort. . . to many individuals. . . to mutual support and interdependence. . . each step a pioneer beginning.

PIONEER

OLD | NEW



Sister Dominca Dogge visits a Philadelphia hospital during her renewal time in the U.S.

Ernest Oppenheimer Hospital in Welkom, South Africa, challenged the creativity of Medical Mission Sisters when they agreed to staff it for the Anglo-American Education Corporation of South Africa in 1952. At least 60,000 African miners can claim the hospital's 900 beds and the care of its nursing personnel. Sister Dominica Dogge, a nurse-midwife from the Netherlands, has worked in South Africa since 1954.

"When I first went to Welkom, it was still in its pioneer stages and we were still finding our way, learning to understand the political set-up, the tensions. . it was difficult because many people did not regard nurses very highly and were antagonistic toward anything that seemed to be religious. Moreover, the hospital itself was big and the city was small, with an unstable population, and so we had a great turnover of staff, doctors particularly."

As time went on, the Sisters began inaugurating new systems and techniques in hospital care. Many of the minor medical services were transferred directly to the mine locations. One of the most important changes, however, was the

development of an Aide Training School for the Africans in conjunction with the Mine Medical Officers Association.

"We began a three-year course for our aides that would make them almost equivalent to male nurses, but there were many problems. These students did not have state registration, and therefore they could not receive the salary or recognition that went with it. With the support of the Anglo-American Company and others we were finally able to get the program approved in 1966."

In this age of individualism and decentralization, the value of institutions and institutional works has been questioned. So far as Welkom is concerned, Sister Dominica takes a stand on the positive side. 'What we do in Welkom is invaluable. First of all, we do give good medical care. Secondly, we create a climate of mutual interaction and support for the miners during their often long recovery and rehabilitation. Spiritual help can be given if it is asked for, particularly to men who are far from their homes. Then we give

A ballgame for patients at the Welkom hospital.

our staff a knowledge of sound ethics as well as competent training. We are also able to interact with the white staff on the level of social attitudes and policies. Finally, we are not limited to the institution, as there is ample opportunity to extend our services to parishes, to clinics like Cripple Care, and to interdenominational projects. As of last year, we have a large group of Sisters in Capetown where they receive cultural orientation and introduction to hospital work."

Two new projects will soon be launched in the South African area. "Swaziland and Zululand--these are two new places we will start. In Swaziland, we will be working at a small, 70-bed hospital in Stegi which was started by the Servite Sisters. In Zululand, four Sisters will begin public health education and community development work. We hope to be able to interchange Sisters between the two countries, since they are only 150 miles apart and have the same language." So it goes. One project begets many successive ones. The pioneer moves on.

Sister Patricia Patton, left, has questions to ask during a visit to a community health project in the U.S.

INTERNATIONAL LIVING

The initiation of new medical work projects is one form of pioneering. The day-to-day experiencing and working out of relationships with others is quite another. It is also a significant area for Medical Mission Sisters since we are an international community with Sisters, not only from North America and the Netherlands, but also from England, Germany, India, Indonesia, Pakistan, Africa, and the Philippines. Formerly, our living situation was such that a particular mission--Kenya or Malawi, for example--was staffed by one particular nationality of our Sisters. In Kenya, there were English Sisters; in Malawi, it was the Dutch. Sister Patricia Patton, a nurse-midwife from Tarrytown, New York, with five years previous experience in Ghana, was assigned to both Kenya and Malawi. She reflects on the situations she encountered there.

"Kenya was interesting because it was an experience in two types of culture. First of all, I was the lone American in a household of English and Irish Sisters and was meeting them cross-culturally. There was also an African community of Sisters on the same compound with us, and so we worked together with them. We all felt very much at home. . .it was a real sharing."

Malawi was another unique cultural experience, this time with our Dutch Sisters. "For me,

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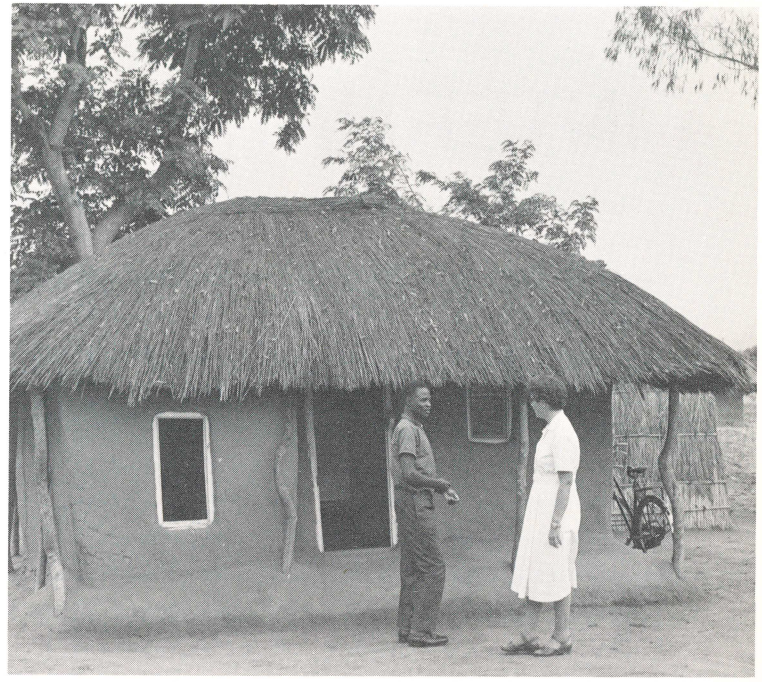
Each culture builds, creates, its own answers - a home in Malawi

it was a tremendous experience to meet a culture whose approaches to the same situation were entirely different. As Americans, we blindly expect everybody to see things the way we do--we just don't think about it! What a failing that is! We never dream that outlooks and methods of adaptation might be different. But the Dutch view things from a different angle. Then, of course, they speak English as a second lanquage. I found this experience in some ways more difficult than with the English Sisters in Kenya. There, we at least shared a common language though there were always words with different meanings for us that we could laugh over. But when you meet another language and don't know any of the words. . . . you find yourself getting angry because you can't understand what they are saying. Sometimes I would be the only one speaking English at the table, then it would "click" with one of the Sisters and she would speak English with me. It was a real learning experience for all of us."



Sister Patricia feels that the exchange of Sisters on an international basis is an important trend that should be developed further. "The more we do it, the better. There are so many things we need to learn about one another, so many ways we can help one another. If we say that we are an international community, then

"There are so many things we need to learn about one another, so many ways we can help one another."

we should live like one."

While in Malawi, Sister was involved in setting up a series of clinics for children under five years of age. This project was notable because it was another cooperative effort which pooled resources from Catholic, Protestant and private business hospitals with that of the Malawian government.

"Every Friday morning, I would set out in the ambulance with my team--a nurse-midwife, a student nurse, a clerk, and a nurse's aide. As the ambulance drove up, people would begin to gather, sometimes in the local courthouse, sometimes in a grass and bamboo shelter, and sometimes under a mango tree. Each member of the team knew his job: the clerk laid out his patient cards and record book; the aide set up her baby scales; the midwife and a student nurse prepared the immunizations and health education material. My role was to assist and counsel where and when needed. When the majority of the mothers had arrived, we started with a class and demonstration in hygiene, sanitation or nutrition. The midwife and I checked each baby, questioned the mothers about their diet, and gave instructions if a child had lost or failed to gain weight over a period of time.

And so went the day. Sometimes the group was large; sometimes, small. We geared our work to the people. . . ."

PIONEER

WHY?

Sister Theresa George and Sister Patricia Patton on the steps of a building in Washington, D.C.

Just what is it that makes a woman decide to become a pioneer, with all the risks and uncertainties that such a choice involves? Sister Theresa George gives an insight to the question gained from her own experience. "I come from India, a country of tremendous diversity. There are very rich people and very poor people--and the poor people are really poor, with hardly anything at all to eat. I lived in an environment where I did not see these things, where I had a home and enough to eat. Then, I would go into the cities and I would see the poor, and it would really strike me. I knew I had to do something! So I went looking for a community that would be for the people and willing to work with the people. And I found it with Medical Mission Sisters."

Sister Theresa worked in India for eight years, first in Patna, then in New Delhi. For a few months, she also worked for the famine relief project in Bihar state.

Pounding bricks to make rubble in a small village near New Delhi, India.

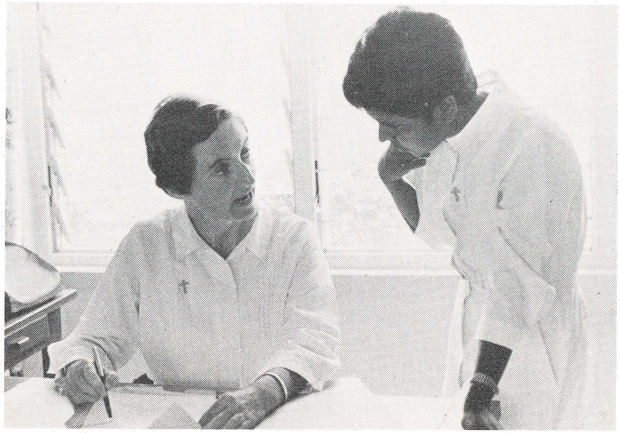
"This experience was quite different for me because before 1967 we did not often work outside the community, away from our own institutions. There were about 29 groups represented--Sisters, priests, brothers, lay people--all working together. You could just see how in an emergency, people could get together, forgetting about their own comforts. The work was very different and so were the reasons why the people came to us. They came to get the powdered milk and butter and rice and were not interested in any kind of medical help or treatment even though most of them had some skin or eye diseases. Their hunger was more intense than any sickness."

In 1968, Sister Theresa was assigned to Ghana. "There is a nursing school in Ghana. Since I had a degree in nursing, they asked if I could come and help out. Then, I found out I had to take over the school!"

Sister is often asked why she remained in Ghana when the needs of her own country were so great and when the majority of the Indian Sisters in the community have stayed in India. "I think that most of our Indian Sisters feel that since there is a tremendous need in India, they should not leave. Anyone can say that, really. America has great needs, too--the inner city, the black people, the grapepickers. There is need in every country, and so you can be very nationalistic and say, well, there is too much to do here, why should I go out? And not everybody can go out. We need to depend on the people at home. But ours is an international community and if someone is willing to go out to meet the needs of a country not their own, that's fine, that's good. The first thing you have to realize is where you're comfortable. You really cannot be a consolation to the people if you are uncomfortable with them. I was very comfortable in Africa even though I left my family and my Indian food and speaking my own language. . ."

Sister Theresa observes that people in religious life are encouraged now to pioneer within themselves, to discover their own particular niche in life. "There seems to be a climate of acceptance now within the community for the individual needs of a person--where she is most suited, the kind of work she likes, in what place she feels she can offer the most. You can not make everybody an editor or a head nurse! A particular person thinks: this is my gift, this is what I can offer to this particular place, to these particular people. As a Society, we should be willing to accept this. You know, in the old days, you did not have a choice, you were just told where to go, and some people went to a place where they could not fit in. Now we have the chance to discover where it is that we belong in the community and in the world."

"There seems to be a climate of acceptance. . . . where she is most suited, the kind of work she likes, in what place she feels she can offer the most," says Sister Theresa, right.



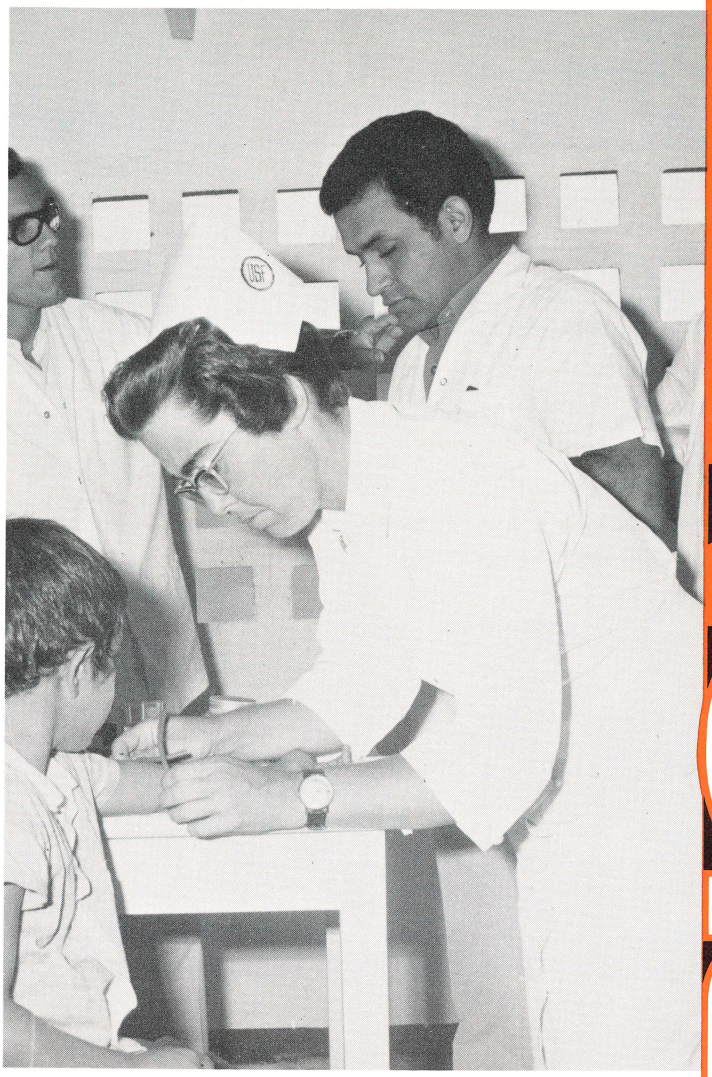
tomorrow

PIONEER

The pioneering that began for Medical Mission Sisters in 1925 goes on today in many countries, in many ways. Sister Mary Lois Jung, M.D., for example, feels that her most significant pioneer effort was to help organize a good Pakistani medical staff in the two hospitals where she served as Medical Director and Chief of Surgery. She insists, "As soon as possible, we should turn the work over to Pakistanis."

Sister Juanita Ortega, BSN, began the first four-year university nursing program in Venezuela. After three years, she gave up her position as director to a Venezuelan. "Now," she says, "there are 150 secondary school graduates studying for their nursing degrees in Maracaibo. Today, three of the first graduates from the program I started at the University of Zulia are slated to begin studies for a Master's in nursing. Thing are moving!"

Sister Helen Beatrice Zweber, who has been working at Kokofu Leprosarium in Ghana, plans to get further training so that she can establish credit unions and some cooperative industry in order to[help the Ghanaians solve some of their



Sister Juanita Ortega demonstrating for medical students at the University of Zulia in Maracaibo, Venezuela.

economic problems. More important, she hopes to have a Ghanaian trained in these areas so that he will be able to take over the cooperative venture.

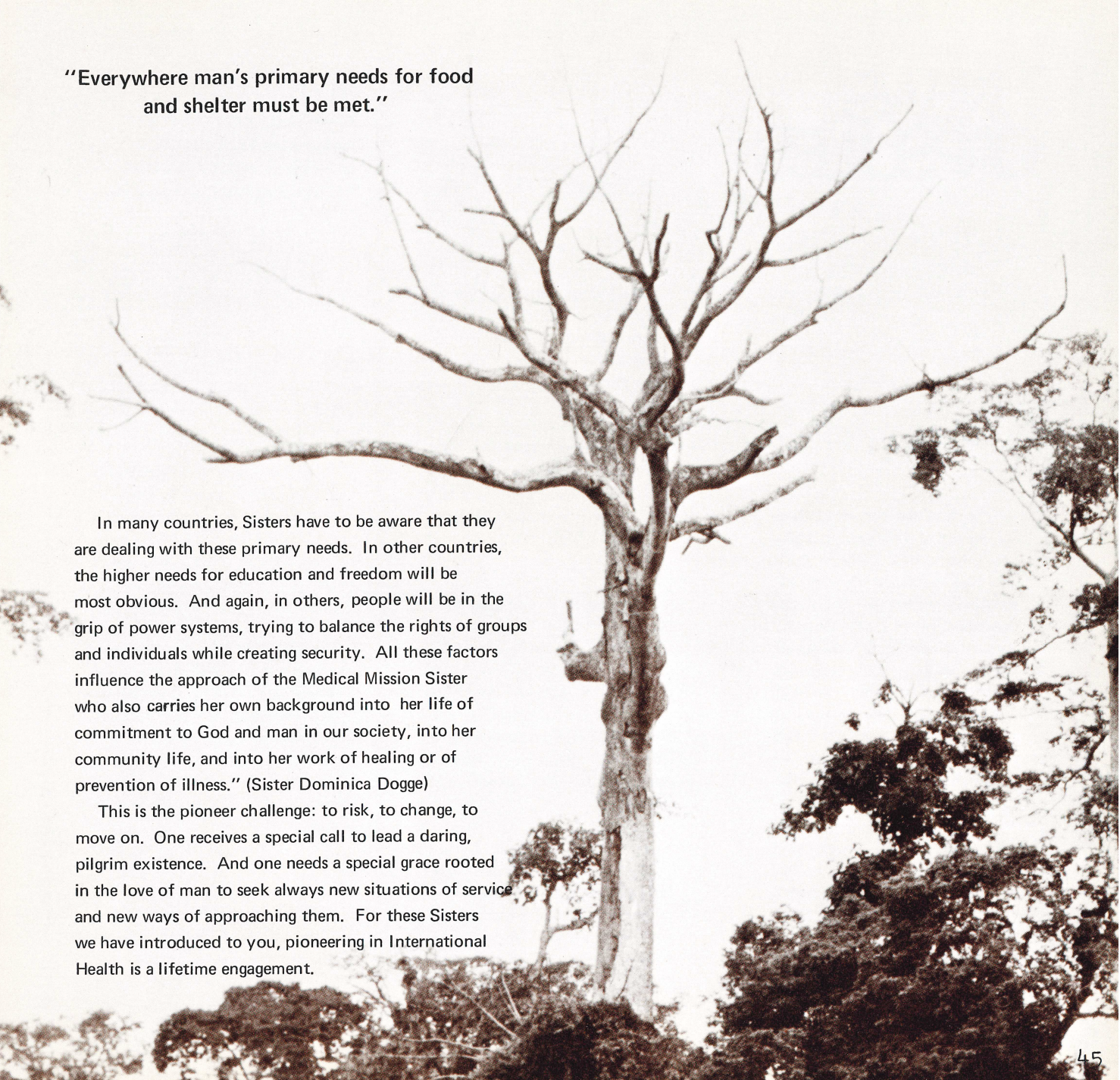
Also, in Ghana, Sister Vera Sheehan will begin studies at the Community Health Nurses School which has a program geared to the special health problems of the country. The day-to-day contact with her fellow students will provide Sister Vera with a rare opportunity to know the Ghanaians and their culture.

Sister Anna Mota, M.D., who has worked in both Venezuela and India, will pioneer a new venture in her own country, Brazil. She says, "Brazil is in a revolutionary process of building up the people to human living conditons. Health is very important, and I want to be a part of this building process."

Weighing in at the baby clinic in Ghana is in the capable hands of Sister Vera Sheehan.

Sister Anna Mota, left, and Sister Helen Beatrice Zweber, right, both pioneers in two different worlds.

"Everywhere man's primary needs for food and shelter must be met."



In many countries, Sisters have to be aware that they are dealing with these primary needs. In other countries, the higher needs for education and freedom will be most obvious. And again, in others, people will be in the grip of power systems, trying to balance the rights of groups and individuals while creating security. All these factors influence the approach of the Medical Mission Sister who also carries her own background into her life of commitment to God and man in our society, into her community life, and into her work of healing or of prevention of illness." (Sister Dominica Dogge)

This is the pioneer challenge: to risk, to change, to move on. One receives a special call to lead a daring, pilgrim existence. And one needs a special grace rooted in the love of man to seek always new situations of service and new ways of approaching them. For these Sisters we have introduced to you, pioneering in International Health is a lifetime engagement.

NEWS CAPSULES

The first seminar of its kind for voluntary hospitals in India was held in New Delhi in April and was developed through the combined efforts of Dr. E. B. Sundaram, Mr. T. C. Rooney, Father James Tong, and Sister Carol Huss. The program's purpose is to help improve administrative and operational efficiency of hospitals and medical service organizations, to regenerate their economy for growth and development, and to help administrators adapt themselves to improved techniques developed in the hospital field. The program's faculty consisted of specialists in administration, planning, organization, directing and coordination, controlling, and staffing.

The training school for nurses, directed by our Sisters in Inongo, Congo, recently received official permission and approval from the government..

Sister Karen Gossman, Field Director for the Vietnam Assistance Program, recently left the U.S. for a new, two-year post in Saigon.

Our Sisters in Ethiopia have begun a weekly polyclinic at Dakuna (30 km. from Attat) for curative medicine. They hope eventually to combine this with public health education. The Sisters are doing systematic home visiting and setting up vaccination programs in the villages and schools.

Our two-year training course for practical nurses in Pare-Pare, Indonesia, has been recognized by the government. Of the 11 candidates who passed the exam, 8 will stay and work at our own hospital.

CREDITS

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Pg. 27 U.N. Photo

Sisters Carol Huss and Phyllis Salz recently spent a week in Afghanistan, investigating possibilities for work in the areas near Kabul. Reported Sister Carol: "Both of us were sad to find our week in Afghanistan come to an end, and we were equally enthused in our desires to round up a team to return to Afghanistan in July. It seems that this endeavor is a repetition of our Society's beginnings. We find ourselves again asked to come and help Mohammedan women and children in need of medical care. . ."

Sister Sara Camblin returned in June to East Pakistan to live with a community of Bengali Sisters, and study language and culture at the Oriental Institute at Barisal.

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At the frontier of the unheard of...
It is not we who seek the Way,
but the Way that seeks us.

---Dag Hammarskjold